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VIOLENCE AND PUBLIC HEALTH: UPDATE

BY

C. EVERETT KOOP, M.D., SC.D.

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LATE IN THE 1950'S A NUMBER OF REPORTS WERE RECEIVED BY THE CHILDREN'S BUREAU CONCERNING THE PHYSICAL ABUSE OF CHILDREN BY PARENTS AND OTHERS RESPONSIBLE FOR THEIR CARE. THEN IN 1961 ONE OF THE SOCIAL WORKERS OF THE BUREAU BROUGHT TO DR. KATHERINE BAIN A HANDFUL OF NEWSPAPER CLIPPINGS ABOUT CHILDREN WITH ADULT INFLICTED SERIOUS INJURIES. SUBSEQUENTLY, IN JANUARY OF 1962 DR. BAIN ARRANGED FOR A WORKSHOP TO WHICH WERE INVITED 25 PEDIATRICIANS, PSYCHIATRISTS, SOCIAL WORKERS, PUBLIC HEALTH NURSES, AND JUDGES FROM JUVENILE COURTS. THEIR CHARGE WAS TO CONSIDER WHAT NEEDED TO BE DONE. FROM THESE SMALL BEGINNINGS FLOWED MANY OF THE CURRENT ACTIVITIES OF THE PUBLIC HEALTH SERVICE.

TWENTY-THREE YEARS LATER THE PRESENT SURGEON GENERAL IN AN EDITORIAL IN PUBLIC HEALTH REPORTS FOR JANUARY/FEBRUARY OF 1986 SAID THIS:

"THROUGHOUT OUR HISTORY, AMERICANS HAVE REMAINED COMMITTED TO A SOCIAL CONTRACT THAT RESPECTS THE RULE OF LAW, THAT PROMOTES PEACEFUL INTERCOURSE AMONG CITIZENS AND THAT HAS AS ITS HIGHEST VALUE THE PROTECTION OF HUMAN LIFE."

I FURTHER NOTED THAT EACH YEAR MILLIONS OF AMERICANS BECOME THE VICTIMS OF VIOLENCE AND RECOGNIZING THAT VIOLENCE AFFECTS PUBLIC HEALTH IN A PROFOUND MANNER, I HAD CONVENED A WORKSHOP ON VIOLENCE AND PUBLIC HEALTH IN LEESBURG, VIRGINIA IN OCTOBER OF 1985.

BETWEEN THAT INITIAL ACTION OF DR. BAIN'S AND THE FINAL ACTION OF MINE IN LEESBURG, I HAD MADE A CONCERTED AND PROGRESSIVE EFFORT TO CALL ATTENTION TO VIOLENCE AS A PUBLIC HEALTH ISSUE.

FIRST, I TALKED TO THE PEDIATRICIANS, STRESSING THAT THEY WERE THE ONES THAT COULD PICK UP AGRESSIVE BEHAVIOR IN YOUNGSTERS AND PERHAPS PREVENT VIOLENT BEHAVIOR LATER ON.

THEN I TURNED TO THE PSYCHIATRISTS, AND SUGGESTED THAT IT WAS THEIR OBLIGATION TO DO THE NECESSARY BEHAVIORAL RESEARCH.

THE RESPONSE OF PEDIATRICS AND PSYCHIATRY HAS BEEN ENCOURAGING AND PROGRESS CONTINUES TO BE MADE IN BOTH OF THOSE FIELDS.

I NEXT TURNED TO THE TELEVISION INDUSTRY AND SUGGESTED THAT THE TIME HAD COME TO STOP CRITICIZING EACH OTHER'S RESEARCH AND TO WORK TOGETHER TO FIND OUT WHY PEOPLE WERE ATTRACTED TO VIOLENCE IN THE FIRST PLACE. THAT LEAD TO ENCOURAGING DIALOGUE WITH THE TOP BRASS OF ALL THE MAJOR NETWORKS AND INDEED THEY APPOINTED ONE OF THEIR NUMBER TO BE ON THE PLANNING COMMITTEE FOR THE LEESBURG WORKSHOP.

I WANT TO CONVEY TO YOU THE SERIOUSNESS WITH WHICH WE, IN THE UNITED STATES PUBLIC HEALTH SERVICE, LOOK UPON THIS PHENOMENON OF FAMILY VIOLENCE. AND SECONDLY, I WOULD LIKE TO INDICATE WHAT THE ROLE OF THE HEALTH AND MEDICAL PROFESSIONAL IS -- AND MIGHT BE -- IN PROTECTING OUR CITIZENS FROM VIOLENT INJURY AND DEATH IN THEIR OWN HOMES.

FIRST OF ALL THE PUBLIC HEALTH COMMUNITY HAS BEEN KEPT APPRISED OF THE OVERALL ISSUE OF VIOLENCE THROUGH THE RECORDKEEPING OF THE NATIONAL CENTER FOR HEALTH STATISTICS. THE TABLES AND CHARTS PRODUCED BY THE CENTER OVER THE PAST 25 YEARS HAVE PROVIDED US WITH SOME MEASURE OF THE DEGREE OF CARNAGE OCCURRING AMONG OUR PEOPLE.

I'M SURE YOU HAVE HEARD OVER AND OVER AGAIN THAT THE LARGEST NUMBER OF VICTIMS ARE THOSE WHO SHOULD BE VALUED THE MOST BY OUR SOCIETY: THESE ARE OUR CHILDREN AND OUR YOUNG ADULTS AGE 15-24, AND THOSE WHO BEQUEATH TO US THE MIRACLE THAT IS AMERICAN SOCIETY OUR PARENTS, OUR SENIOR CITIZENS.

THESE STATISTICS TELL A VERY DISTURBING STORY. HOWEVER, INCIDENTS OF FAMILY VIOLENCE ARE CONSTANTLY UNDER REPORTED. AS DISTURBED AS WE MAY BE ABOUT THE DATA WE HAVE, THE TRUE PICTURE IS DECIDEDLY WORSE. OUR REPORTING SYSTEMS FOR CHILD ABUSE, FOR EXAMPLE, ARE YIELDING UPWARDS OF 800,000 REPORTS A YEAR, YET EVERY OTHER INDICATOR WE HAVE -- ASIDE FROM STATISTICS -- TELLS US THAT THE TRUE UNIVERSE OF INCIDENTS IS AT LEAST 2 MILLION AND MAY BE CLOSER TO 4 MILLION.

THE SAME IS TRUE FOR THE NEWEST TYPE OF VIOLENCE, - ELDER ABUSE. EACH YEAR WE NOW RECEIVE ABOUT 1,300 REPORTS OF HOMICIDES INVOLVING VICTIMS WHO ARE AGED 65 OR OLDER. BUT ACCORDING TO A SURVEY BACK IN 1980, AN ESTIMATED ONE MILLION CASES OF ELDER ABUSE OCCUR EACH YEAR AND, OF COURSE, THE NUMBER HAS CLIMBED SINCE THEN.

FORTUNATELY, NOT ALL OF THEM END IN HOMICIDE. BUT THE DIFFERENCE BETWEEN THESE TWO FIGURES, 1,300 AND ONE MILLION, IS MUCH TOO GREAT TO LEAVE US COMFORTABLE WITH OUR DATA. IN FACT, WE ARE NOT.

DOMESTIC VIOLENCE IS A CATASTROPHE THAT CAN STRIKE ANY AMERICAN FAMILY, REGARDLESS OF SOCIAL OR ECONOMIC STATUS, OR RACE, OR ANY OTHER QUALIFICATION.

RESEARCH INTO FAMILY VIOLENCE AND ITS ORIGINS MOVES STEADILY APACE IN ACADEMIA AND IN OUR OWN NATIONAL INSTITUTE OF MENTAL HEALTH. I TAKE THAT AS A VERY HOPEFUL SIGN FOR THE FUTURE.

HOWEVER, I AM CONVINCED THAT WE NEED TO FOCUS AT LEAST PART OF THE SPOTLIGHT BACK UPON THE HEALTH AND SERVICE PROFESSIONS THEMSELVES. THE REASON, I BELIEVE, IS COMPELLING ENOUGH. WE'VE GOT TO LEARN MORE ABOUT THE PEOPLE WHO -- BY THE NATURE OF THEIR PROFESSIONS -- ARE ON THE VERY FRONT LINE OF THE PREVENTION AND CONTROL OF FAMILY VIOLENCE. AND I'M SURE I'M SPEAKING TO SOME OF YOU WHO FIT THIS DEFINITION OUT THERE.

HOWEVER SWIFTLY WE DO THIS -- AND WE ARE MOVING AHEAD WITH ALL DELIBERATION -- WE ARE STILL COMING TO THIS PROBLEM LATE. THERE IS AMPLE EVIDENCE INDICATING THE PROFOUNDLY LOW LEVEL OF UNDERSTANDING OF VIOLENCE AMONG FAMILY PHYSICIANS, REGISTERED AND PRACTICAL NURSES, AND -- A CRITICALLY IMPORTANT GROUP -- AMONG HOSPITAL EMERGENCY ROOM PERSONNEL. I SAY THAT BECAUSE OF SPECIFIC KNOWLEDGE FROM SEVERAL SOURCES.

ONE EXAMPLE IS THE FIVE YEAR STUDY OF EMERGENCY SERVICES IN YALE -- NEW HAVEN CONDUCTED BY DRS. FLITCRAFT AND STARK. THEY FOUND THAT 18.7 PERCENT OF WOMEN ADMITTED AS PATIENTS TO A LARGE METROPOLITAN EMERGENCY ROOM HAD MEDICAL HISTORIES CLEARLY INDICATING THAT THEY HAD BEEN BATTERED OR STRONGLY SUGGESTING THAT THEY HAD BEEN BATTERED. HOWEVER, THE ATTENDING EMERGENCY ROOM PERSONNEL ACTUALLY CLASSIFIED ONLY ONE PERCENT AS ABUSED WOMEN AND SIMPLY IDENTIFIED THE OTHERS AS TRAUMA VICTIMS. EVEN IF WE ARE GENEROUS AND ALLOW FOR SOME CONFUSION, FOR SOME MISREADING OF THE RECORD DURING THE TURMOIL THAT IS CHARACTERISTIC OF A TYPICAL DAY IN ANY EMERGENCY ROOM, WE STILL COME AWAY FROM THAT STUDY WONDERING WHAT BECAME OF THE OTHER 17 PERCENT OF ADMITTED WOMEN -- THE ONES WITH RECORDS THAT SOUND VERY MUCH LIKE BATTERINGS.

THIS IS PROBABLY ANOTHER INSTANCE OF PEOPLE "FALLING THROUGH THE CRACKS." THAT POSSIBILITY WEIGHS HEAVILY UPON MY PROFESSIONAL CONSCIENCE.

THERE ARE MANY OTHER THINGS THAT CAME OUT OF THAT YALE STUDY WHICH WOULD WARRANT YOUR FURTHER INTEREST.

UNFORTUNATELY, THE INFORMATION THAT I HAVE JUST RECOUNTED ABOUT MEDICAL INSENSITIVITY TO BATTERED AND ABUSED WOMEN CAN BE REPEATED CONCERNING ABUSED AND NEGLECTED CHILDREN AND BATTERED ELDERLY PERSONS AS WELL.

I AM TRYING TO EXPLOIT EVERY MEETING WITH OUR COLLEAGUES IN ACADEMIA TO RAISE THEIR LEVELS OF CONSCIOUSNESS IN THESE MATTERS. IT IS THEY WHO CAN, AND OBVIOUSLY DO, INFLUENCE THE THINKING OF STUDENTS ABOUT TO EMBARK UPON CAREERS IN MEDICINE AND THE HEALTH CARE PROFESSIONS. THESE SAME FACULTY MEMBERS CAN ALSO INFLUENCE THE CONDUCT OF PATIENT CARE IN OUR GREAT UNIVERSITY AFFILIATED HOSPITALS AND MEDICAL CENTERS.

OF COURSE, OUR MESSAGE IS NOT CONFINED TO EMERGENCY SITUATIONS ONLY. IT IS MY FEELING THAT WHEN A PHYSICIAN OR OTHER HEALTH PROFESSIONAL SUSPECTS THAT A PATIENT MAY BE PREDISPOSED TO VIOLENT BEHAVIOR, THAT PATIENT SHOULD BE GIVEN THE SAME KIND OF COUNSELING OR REFERRAL HELP THAT WOULD BE GIVEN TO THE PATIENT WHO PRESENTS THE SYMPTOMS OF DIABETES, CIRROHSIS OR

CARDIOVASCULAR DISEASE. IT MIGHT EVEN BE POSSIBLE TO INVOLVE OTHER MEMBERS OF THE PATIENT'S FAMILY IN THIS COUNSELING PROCESS -- A SPOUSE, A PARENT, AN OLDER CHILD.

WE NEED TO GIVE OUR BEST PREVENTIONAL STUDY AND ATTENTION TO THIS AREA OF SERVICE. THE OBJECTIVE IS NOT TO INTERVENE IN A PATIENT'S PRIVATE FAMILY LIFE FOR INTERVENTION'S SAKE, BUT TO PREVENT VIOLENT BEHAVIOR FROM OCCURRING AND ENDANGERING THE HEALTH OR LIFE OF ANOTHER. I RECOGNIZE THAT MANY PHYSICIANS DON'T AGREE WITH MY ASSESSMENT OF THEIR ROLE. THEY OBJECT TO WHAT I HAVE SAID AS BEING ANOTHER EXAMPLE OF THE MEDICALIZATION OF SOCIAL PROBLEMS. I FULLY APPRECIATE THE UNEASINESS FELT BY MANY PHYSICIANS AND OTHER HEALTH PROFESSIONALS WHEN SOCIETY CASUALLY ASKS MEDICINE TO SOLVE WHAT MAY SIMPLY NOT BE A HEALTH

OR MEDICAL PROBLEM. BUT WITH VIOLENCE, I THINK THERE IS A DIFFERENCE. MEDICINE DOES HAVE A CONTRIBUTION TO MAKE AND WE SHOULD BE BOUND, IN ALL GOOD CONSCIENCE, TO MAKE IT.

EVERY ABUSED CHILD WE SEE IN AN EMERGENCY ROOM REPRESENTS ANOTHER FAILURE FOR US.

EVERY BATTERED WOMEN GIVEN SHELTER BY NEIGHBORS OR RESCUED BY POLICE REPRESENTS THE FAILURE OF COMMUNITY RESOURCES.

EVERY ELDERLY PERSON WHO IS BEATEN OR OTHERWISE ABUSED BY ADULT CHILDREN OR BY VIOLENCE-PRONE GRANDCHILDREN, - EACH ONE IS ANOTHER INDICATION THAT WE HAVE FAILED.

WE NEED TO BREAK THE CYCLE OF VIOLENCE THAT ENTRAPS SO MANY PEOPLE, WOMEN IN PARTICULAR. WHAT WE MUST REALIZE IS THAT WE ARE LOOKING AT A THREE GENERATIONAL PHENOMENON. THE ELDERLY PERSON WHO IS MOST OFTEN THE VICTIM OF ABUSE IS A WOMEN 75 YEARS OF AGE OR OLDER, THE PERSON ABUSING HER IS HER OWN MIDDLE-AGED DAUGHTER, AND IT IS VERY LIKELY THAT THE MOTHER HAD ABUSED THE DAUGHTER IN SOME LASTING, UNFORGETTABLE WAY. THE CHANCES ARE ALSO GOOD THAT THE DAUGHTER HAS ABUSED HER OWN CHILDREN AS WELL.

BECAUSE OF THAT GRISLY CYCLE, WE IN PUBLIC HEALTH ARE COMPELLED TO LOOK UPON OUR ULTIMATE GOAL AS PREVENTING VIOLENCE FROM TAKING PLACE.

LET ME CLOSE THIS PRESENTATION IF I MAY WITH THIS OBSERVATION.

WHEN I ASSUMED THE OFFICE OF SURGEON GENERAL, IN LATE 1981, I WAS CONCERNED THAT VIOLENCE AS AN ISSUE OF PUBLIC HEALTH WAS NOT GENERALLY RECOGNIZED EITHER INSIDE OR OUTSIDE OUR GOVERNMENT. EXCEPT FOR THE WORK BEING DONE IN THE NATIONAL INSTITUTE OF MENTAL HEALTH, VIOLENCE WAS LEFT TO LAW ENFORCEMENT AND THE COURTS.

AND CERTAINLY THE CRIMINAL JUSTICE SYSTEM DOES PLAY A MAJOR ROLE IN CONTROLLING THE VIOLENT ELEMENTS WITHIN OUR RESPECTIVE SOCIETIES. BUT THAT IS AFTER THE FACT. THE POLICE AND THE COURTS ARE SOCIETY'S MECHANISM FOR MAKING SURE THAT VIOLENT ACTIONS DO NOT OCCUR AGAIN. BUT THEY ARE OF VERY LIMITED USE FOR MAKING SURE THAT VIOLENCE DOES NOT OCCUR IN THE FIRST PLACE.

FOR THE PREVENTION OF VIOLENCE WE MUST TURN TO OUR SOCIAL AND COMMUNITY SERVICES, IN PARTICULAR, I BELIEVE, TO OUR PUBLIC HEALTH SERVICES.

HENCE, VIOLENCE -- WHEREEVER IT OCCURS, ON THE STREETS -- ON TV -- IN SCHOOLS -- IN OUR HOMES -- VIOLENCE AS A POTENTIAL THREAT TO INDIVIDUAL, FAMILY, AND COMMUNITY LIFE, IS VERY MUCH AN ISSUE OF PUBLIC HEALTH. VIOLENCE HAS BECOME INTEGRATED INTO THE AGENDA OF THE UNITED STATES SURGEONS GENERAL IN THIS CENTURY IN THE WAY THAT SMALLPOX, TUBERCULOSIS, AND MALARIA WERE THE BIG ISSUES FOR MY PREDECESSORS IN THE PREVIOUS TWO CENTURIES. THERE IS, OF COURSE, NO MAGIC VACCINE TO USE WITH PERSONS WHO ARE PRONE TO COMMITTING VIOLENCE. NEVERTHELESS, WE ARE BEGINNING TO LEARN HOW TO IDENTIFY THOSE PERSONS -- AND THE PEOPLE WHO ARE THEIR VICTIMS -- AND I BELIEVE THAT WE WILL SEE VIOLENCE REDUCED TO THE DIMENSIONS OF TUBERCULOSIS -- NOT YET WIPED OUT, BUT EVENTUALLY, FINALLY UNDER CONTROL.

THANK YOU.